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Vol. XXIV.

DECEMBER, 1902.

No. 12.

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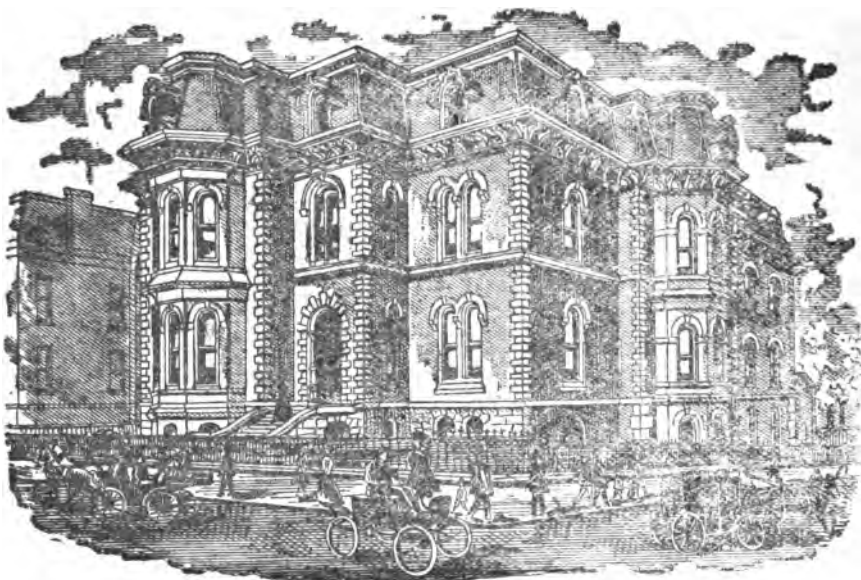
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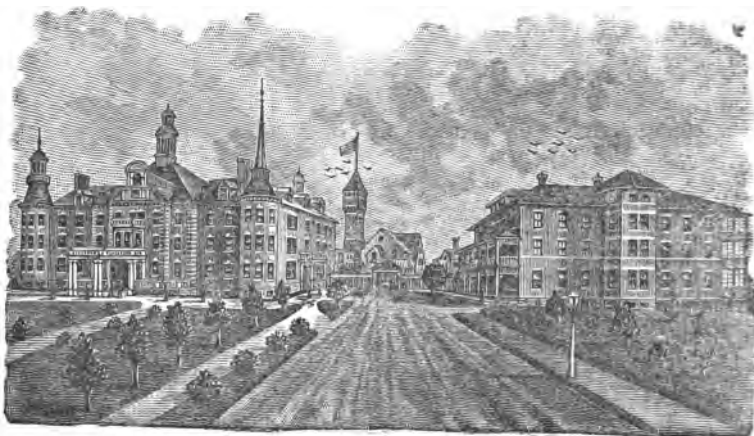
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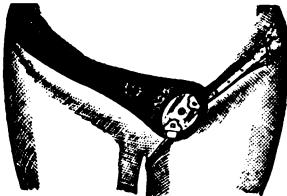
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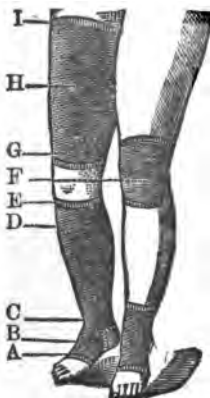


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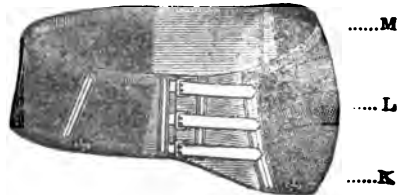
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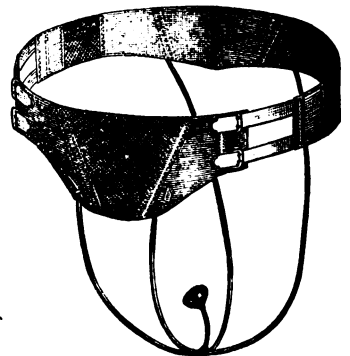
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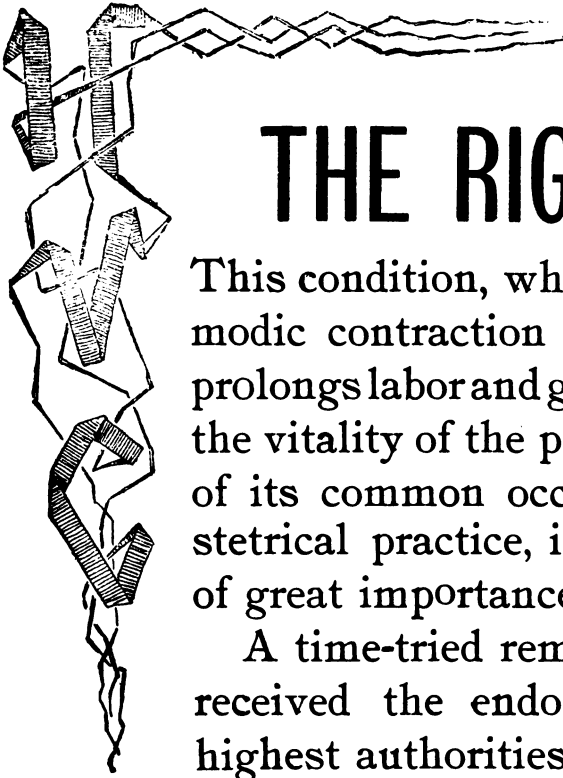
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Vol. XXIV.      NASHVILLE, DECEMBER, 1902.      No. 12.

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## *Original Communications.*

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### **X-RAY AND X-RAY THERAPEUTICS.\***

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BY G. P. EDWARDS, M.D.,

Professor of Neurology, Dermatology and Electro-Therapy in Vanderbilt University, Medical Department.

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Not more than twenty-five years ago a few doctors were using electricity experimentally and empirically, and many quacks were using it as a "cure-all," and for deluding the ignorant they found its mysterious phenomena a most suitable agent. More recently it attracted the attention of many reputable physicians

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\*Essay Read at the Nashville Academy of Medicine, Oct. 7, 1902.



and scientists and it was soon placed upon a more substantial basis. It was soon demonstrated that this agent did, beyond question, possess therapeutic value.

The results of a few years research have been peculiarly gratifying to those who have familiarized themselves with it sufficiently to use it intelligently. In spite of its wonderful achievements in therapeutics, there yet remain many who refuse to recognize its value and to accept the experience of others.

It is a recognized fact that the medical profession are peculiarly slow to accept any new fad or fancy which may be presented for their consideration, and while this is a safe working basis, I am inclined to think it is sometimes carried too far for the good of suffering humanity. Vaccine and antitoxin were introduced under great opposition and still have their enemies. Like these agents, electricity is here to stay and is compelling the respect of the medical profession. The branch of electro-therapy which is attracting most attention at present is the x-ray in diagnosis and therapeutics. It has had the usual struggle and has met with much opposition. Judges have ruled against it and doctors have ignored it, but it keeps coming back with rapidly accumulating evidence in its favor.

The strongest opposition has been in regard to its therapeutic application. But little over a year ago many of the more prominent medical journals refused to publish reports of cases treated by the x-ray, and the great majority of the profession scouted the idea. Two years ago I told two or three medical gentlemen that I was getting good results with x-ray in the treatment of lupus and epithelioma and a French shrug or perhaps a look of pity was the response.

Experimentation in x-ray therapy began in 1896. The first case of lupus treated by x-ray in the world was treated by Dr. H. P. Pratt, of Chicago, in June, 1896, and was referred to him by Dr. John B. Murphy. This case was successfully treated and was soon followed by many others. To-day, the medical man who ridicules or ignores x-ray therapy betrays a lack of familiarity with this branch of medical literature.

The unanimous opinion of those most competent to speak is that the x-ray has a positive and definite place in therapeutics of no mean value, and a future which no man is competent to esti-

mate, and while we do not yet know the possibilities of this agent, we have reason to anticipate great things.

Dr. William J. Morton concludes an article on Radiotherapy for Cancer and other diseases as follows: "(1) Radiotherapy broadens our conceptions of the possibilities of the therapeutics of modern medical science. (2) As to technique, a standardization as to the apparatus and its capacity. (3) As to duration and frequency of treatments and distance of the tube, is recommended to operators. (4) The x-ray has a curative effect in internal cancer and other internal diseases. (5) For superficial diseases a medium soft tube may be used, for internal cases a hard tube. (6) X-radiation is recommended prior to any operation, to clear the tissues of cancer particles and foci, and to circumscribe the disease. (7) X-radiation is recommended after operation to preclude a recurrence. (8) X-radiation may be recommended in place of an operation, and may be preferable to one for the reason that operation secures but a comparatively moderate percentage of recoveries, and because up-to-date x-ray procedure shows a continued improvement in cases, and a percentage of cures which will undoubtedly compare favorably with surgical operations. (9) There is danger to the patient of uncertainty as to what might be accomplished when the x-ray is employed by immature operators. (10) In x-radiation we possess more nearly a solution of the problem of curing cancer than by any other treatment."

At a meeting of the New York Academy of Medicine, held March 6, 1902, the subject of x-ray treatment of malignant neoplasms was introduced in a paper read by Dr. Williams, of Boston. The consensus of opinion among the members who discussed the paper was that the x-ray treatment is a valuable addition to our armamentarium for combating malignant new-growths. Carl Beck reports a case of melano-sarcoma, cured by prolonged irradiation. Evidences of marked influences produced by x-ray are continually coming in. The x-rays have a powerful effect on cell life, as is shown by observations on x-ray burns. Kienboeck holds that the reaction of the skin depends on the intensity of the x-ray tube used. There are, however, many views on this subject.

The definite cause of the so-called "x-ray burns" has not yet been fully determined. Some patients are much more sus-

ceptible to x-ray burns than others, and I think this depends largely upon the temporary or permanent condition of vitality of the tissues of the individual. It has also been noted that some tubes burn much more readily than others even with the same degree of exciting force. So that it becomes necessary for the operator to study the individuality of each tube in use. One operator told me that when he found a tube to be a bad burner he broke it to pieces, but 'I value such a tube for therapeutic work more than any other, for the reason that it is much more effective and cures in much less time. It requires much more care in its management. The distance of exposure from the tube is of importance and should vary with the intensity of the tube, being closer for the soft tube.

A peculiarity of these burns is that they do not manifest themselves for varying periods of time. The time may be a few days or may be several weeks. This variation may be due to the tube, to the idiosyncrasy of the patient, to some peculiar manner of the particular exposure. I believe, as yet, no one is competent to speak with authority on this point. If this light has an influence so powerful on normal tissues, it is not reasonable to suppose that a greater distinctive action may be observed on the pathological tissues of malignant growths? This has, however, passed beyond the presumptive hypothesis and stands as a proven fact as attested by many competent observers. Dr. Morton reports several cases of cancer and sarcomata improved and cured by this means. He believed that sarcomata were much more readily destroyed.

Dr. Johnson believed that with a more powerful apparatus it would be possible to attack the deeply seated new growths. He reported cures of superficial growths. Coley, Allen, Turnure, Hopkins and Piffard have all done successful work in New York City.

Williams, of Boston, has probably done more work in this line than anyone else. I have witnessed his work as well as that of most of the above mentioned operators. Dr. Kienboeck closes his report by saying that "altogether the x-ray will serve a most useful purpose, but its practical application will require considerable skill. Harm may result to both physician and patient by carelessness and ignorance." There is much to be

learned about the x-ray yet, and he who attempts to use it without a careful study of its physical and physiological action will certainly have unfortunate experiences. This is particularly true of the coil apparatus.

For lupus and epithelioma no one questions its efficacy, but the list of diseases amenable to the x ray is very rapidly growing, until to enumerate them would subject one to the charge of "cure-all-isms." Pusey reports a case of carcinoma of the orbit in a man 70 years old. The growth had involved intracranial tissue when treatment began. The treatment continued for two months with marked improvement at first, but later evidences of rapid intracranial extension was noted, and the treatment was discontinued. The eye was destroyed, the orbit filled with carcinomatous tissue, the orbital bones involved. Treatment was begun with very little hope of benefiting the patient. About five months after the treatment was discontinued, Dr. Pusey received the following letter from the patient's physician:

DEAR DOCTOR: I write you regarding the condition of Mr. ———, an old gentleman whom you treated for carcinoma of the right eye, discharged as incurable, if I am rightly informed by Mr. ———, about the last of November. He was a charity patient and I think was referred to you by Dr. Wilder. He called on me on his return from Chicago, had a recipe calling for quarter-grain doses of morphin to be taken when in pain. I saw that he had about twenty tablets. I noticed the condition of his eye at that time and concluded from my examination that it was only a matter of time and short time at that with him. I saw him yesterday and he presents an entirely different appearance. The mass that occupied the orbit has shrunk, allowing the lids to close. He is free from pain, eats and sleeps well, uses no anodyne. There are a few little nodules on the nose near the commissure of the eyelids. With this exception he looks quite well. He has certainly gained since coming home and I am certain it is the result of the x-ray treatment. I should like you to see him again, but, of course, his means being limited, he would have to go to the Eye and Ear Infirmary as before." I quote the following remarks from Dr. Pusey: "This case is instructive in at least two particulars. It illustrates very strongly in the first place, the persistence of x-ray effects. Here is a

case in which the effects produced by the x-ray persisted for months after discontinuance of the treatment and were sufficient to cause the disappearance of the tumor and at least the symptomatic relief of a case, which upon the basis of all experience could end only in death within a short time. We have been made familiar by unhappy experience with the progressive and long continued effect of x-rays in x-ray injuries; it is something of a recompense to find these same qualities serving us in the therapeutic use of the same agent. The next fact is the evidence in this case of the deep seated effect of the x-rays. That this tumor involved not only the orbit and orbital bones, but the surrounding intracranial tissues as well there is almost no room to doubt. The result, therefore, gives unmistakable evidence of the deep-seated action of rays. Such a case offers another lesson, and that is the agreeable surprise from the use of x-rays that may confront one in even the most desperate case of circumscribed carcinoma."

In another article Dr. Pusey gives the advantages of x-ray treatment in the following words: "(1) Painless. (2) Destroys diseased tissue but leaves the healthy tissue in its place. (3) It leaves a minimum scar. (4) It can be used in cases where the surrounding healthy tissue cannot be sacrificed. (5) It relieves pain and induces sleep."

Acne responds very promptly to x-radiation, and the result is permanent. Keloid seems to be very quickly cured according to my limited experience and the reports of others. Such diseases as eczema, scleroderma, sycosis, goitre and other hypertrophies, rheumatoid arthritis, syphilitic and other indolent ulcers are rapidly healed. Deeply seated carcinomata and sarcomata are not so amenable to its influence, yet nearly every case treated is benefited and the disease is arrested or retarded. Recognizing the peculiar elective effect of the x-ray as an obliterator of cells of low vitality and a stimulant to more healthy action and increased resistance of normal tissue, I have been led to do some experimental work on a class of cases which have not, so far as I am aware, been treated by this agent in the hands of any other operator. These are certain sclerotic or degenerate states of the cord and nerves. I have, for example, during the past few months exposed the cord to deeply penetrating rays with the

hope of, at least, arresting the progress of the degenerative changes in tabetic patients. The result has been an agreeable surprise to me and a very gratifying one to the patients. Three patients have had return of knee-jerk, arrest of the lightning pains and reduction in ataxic symptoms. In all, the general condition has been improved. In the estimation of the critic, and perhaps justly, this would hardly be a crucial test as other measure were used in conjunction with the x-radiation, yet I am disposed to attribute a part of the good result to the stimulus of the rays.

The most important part of the x-ray apparatus is the tube. Its efficiency depends upon the spark length, the volume of the spark and the technic of the operator. Perhaps the most important point in technic is the regulation of the current, the vacuum and the interruptor so as to keep the tube uniform in action and the light as constant in intensity of radiation as possible. This feature has not yet been perfected and requires much thoughtful research. It is probably one of the most difficult features of x-ray work.

Tubes vary greatly in efficiency, the same tube giving different results under the same conditions at different times. The vacuum varies or at least the resistance of the tube fluctuates from time to time. For a complete outfit for therapeutic and photographic work, five or six tubes are necessary. They should be of different degrees of exhaustion. The tubes used for photography should not be used for therapy, and the therapeutic tubes are not desirable for photographic work.

A tube's capacity should be determined and much care should be exercised to avoid crowding the tube to its limit, neither should it be run greatly below its average capacity. Tubes are sensitive to abuse and their efficiency is impaired. Periods of rest are beneficial to tubes. They should not be worked constantly. It is found that when a tube gets to working badly, if laid away for a month or two, it will be found much improved by the rest. The tendency is for tubes to get harder with use, that is, the vacuum decreases and it becomes necessary to have them re-exhausted. This is obviated by some manufacturers by having a minute pinhole valve in the sealing-off tube so that a very small quantity of air may be admitted when the tube becomes too high.

Baking a tube will lower the vacuum for a time and may be repeated as often as necessary without injury if it is properly done. The life of a tube may be greatly prolonged by proper care in opening and closing the current passing through it. Two forms of apparatus are used for exciting the x-ray tube: the static machine and the induction coil. For many reasons the current from a static machine is the ideal one for x-ray work. It has the high oscillation, the voltage and safety to patient and operator. The machines used by many are not of sufficient current quantity for deep penetration but are much preferable for therapy. A static machine for both photography and therapy should have at least sixteen revolving plates, and the plates should not be over thirty inches in diameter.

These large machines are cumbersome, require considerable office room and a one-half horse-power motor to operate them. For this reason many operators prefer the coil. A large coil is necessary for photographing the deeper parts just as a large machine is necessary for the same character of work. With the proper tube and coil, or machine as the case may be, the next point for consideration is the radiance and its regulation for the different kinds of work. For photography, the tube should be adjusted according to the part to be penetrated, the hand or foot requiring a much lower vacuum and shorter exposure than the shoulder or hip.

A radiograph is a shadow picture, and its definition between different intensities of shadows depends upon the density to the ray of the substance photographed. As the ray is reflected from a plate about one inch in diameter and the outlines in the shadow are produced by the diverging rays from this small focusing plate, it may be readily seen that the shadows would be magnified more or less according to the relation between the object, the dry plate and the reflecting plate in the tube. If the tube is near the object and the plate some distance from it the shadow would be greatly magnified. If the tube is some distance and the object near the plate, the shadow would be very nearly normal in size. The locating of foreign bodies and the study of fractures requires exposures from two directions, preferably at right angles to each other, when the exact condition may be estimated, allowance being made for the divergence of rays in

bodies not central to the focus point of the tube. The distance of the tube from the plate is very important and should vary according to the character of the part and the intensity of the tube's radiance.

There has been some difference of opinion as to what the therapeutic agent is. Some have contended that it is the electricity in the form of an induction current around the tube, but this hypothesis has been pretty generally abandoned. It has been noted that deeper structures are markedly influenced, and even skin surfaces on the side opposite the exposure, and induced currents could hardly be expected to accomplish such results. Believing that the light is the only feature of the various components of the x-radiation which has such penetrating power, we are forced to the conclusion that the therapeutic results must come through the light, and further, we find the other lights, sun, violet and red have therapeutic value.

Reasoning from this standpoint we are disposed to believe that there are many functional and organic disturbances of the deeper tissues which may be susceptible to cure or improvement by this agent, and it is difficult for the most conservative operator to avoid an attitude of uncertain expectancy toward the future development of light therapy.

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## *Abstracts.*

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### STATISTICAL REPORT ON CREOSOTE AND CREOSOTAL IN PNEUMONIA.\*

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BY DR. I. L. VAN ZANDT, FT. WORTH, TEX.

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Last March Dr. Van Zandt sent out a number of circulars to many medical journals and to a few individuals, asking the following questions of those who had used creosote or carbonate of creosote (creosotal) in the treatment of pneumonia: 1. Do you

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\*Abstracted from the Medical Record, October 11th, 1902.



believe creosote ever aborts pneumonia? 2. Do you believe the majority of cases are mitigated by it? 3. Have you ever found cases which, having plenty of time, were entirely uninfluenced by it?

In response he had over seventy letters and cards and five verbal statements, a large proportion of which he tabulated. To the first question 37 physicians, reporting 762 cases, said "Yes;" 15, reporting 187, said "No;" and 19, reporting 177, failed to answer. Therefore, of those reporting, a little over two-thirds admitted the abortive effects of creosote. To the second question, 57, reporting 1,022 cases, answered "Yes;" 2, reporting 10 cases, said "No;" and the remainder failed to answer. To the third, 23 said "Yes;" 31 "No;" and 16 failed to answer.

Of 1,130 cases reported, 56 were fatal, 24 of them being accounted for as follows: 12 were complicated, 9 others were over the age of 67 (in some instances complicated), 3 were alcoholic (of which 2 were complicated), 1 was far advanced when treatment was begun, and 1 used "creosote products." The mortality in this series is a little over 5 per cent., and, as the recognized death rate is 25 per cent., the author claims that the treatment saved 226 lives.

Van Zandt refers particularly to Prof. W. H. Thompson's report of cases treated with carbonate of creosote in the Roosevelt Hospital. The loss here was 1 in 18, or about 5.5 per cent. A condensed report for five years from this institution gives an average death rate of 35.6 per cent.

These figures confirm the conclusions of his former article, that a large per cent. of pneumonia is cut short or aborted; almost all the rest mitigated, and the remainder or a very small per cent. not effected by the remedy. He thinks the use of creosote carbonate or creosote in the treatment of pulmonary affections is one of the greatest life-saving discoveries of the Nineteenth Century.

In this connection we may mention that

*Sanitätsrath Dr. C. S. Sewening*, of Werther (Westphalia) states (*Deutsche Aerztezeitung*, Berlin, October 1, 1902) that the recent numerous communications regarding the employment of creosotal in pneumonia incite him to publish the good results which he has obtained from the drug in some other affections.

Amongst others he recounts a case of catarrhal cystitis occurring in a surveyor who had worked for several years in a wet coal mine, and whose urine formed a thick, mucilaginous deposit in the chamber. He was ordered:

R Creosotal. .... 4 grams (1 dram).  
 Ol. oliv .....200 grams (6½ ozs).

After he had taken this mixture two or three times a day in tablespoonful doses for eight days, his urine became permanently clear.

Another case was that of a young farmer, who came to him about a year ago complaining of a dirty discoloration of the face, hands, etc., being, in fact, a good picture of Addison's disease. Sewening prescribed for him:

R Creosotal..... 4 grams (1 dram)  
 Ol. jecor .....200 grams (6½ ozs),

directing him to take a tablespoonful of the mixture three times daily. After he had taken the medicine twice the spots disappeared, and they have not returned to this day. The man's general condition, also, is perfectly normal.—ED. S. P.

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## *Clinical Reports.*

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### REPORT OF A CASE OF NEPHRITIC CALCULUS.\*

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BY M. C. MCGANNON, M.D.,

Professor of Diseases of Women and Abdominal Surgery, Medical Department University of Nashville.

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The patient was a white woman, aged 37, who has always lived in Tennessee. She has always enjoyed good health, in fact, has never been confined to bed since her girlhood, except as a result of pregnancy. She is the mother of seven children, the youngest being two years old. They were born without in-

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\*Reported at Regular Meeting of the Nashville Academy of Medicine, September 30, 1902.

strumental aid, and she nursed them all. After the birth of the second child, she was not so vigorous as previously. She was told that she had suffered a laceration. The injury was not repaired. She has had one miscarriage which occurred in February last; recovery was uneventful. Menstruation is regular, continues four days, and is without pain.

V. D. She has suffered with a slight leucorrhœa for a long time. Ves. Sym. She has no bladder symptoms; no frequency of micturition; no pain in that region, and thinks she passes a normal amount of urine. Her family history is negative.

She came under my observation on the 15th day of August, 1902, on account of blood in the urine. She was quite positive in her statements while giving the following history of her case:

About July 1st, a week before her expected period, she observed that the urine was of a dark brown color. She called the attention of her family physician to the fact. This gentleman made a complete examination of the urine and the patient. He found that the urine contained blood and a great many leucocytes, but no renal casts, and but a small quantity of epithelium. In ten days the urine completely cleared up. One week before the expectation of the next period, blood again appeared in the urine, when she came under my observation. She stated that she was somewhat alarmed because of the blood in the urine, but that she was otherwise perfectly well. She had no pains anywhere, or at any time. Her appetite was good, digestion perfect, and bowels regular. She had lost no flesh, and her color was as usual. There was no enlargement of the abdomen, and her clothing did not seem tighter than usual. She had at times some swelling about the ankles, but no puffing under the eyes. She complained of pain in the back and some pelvic distress on much exertion. She said she passed a normal quantity of urine, but it was dark brown in color. It also contained some clots and strings of blood. The clots were described as being the size of a pea or the end of the little finger.

A sample of urine, gotten by catheter, and examined under the microscope was found to contain red blood cells in profusion; they were irregular in outline and varied in size. Leucocytes were very abundant. There were no renal casts; the urine was natural, and the specific gravity was 1025.



There are some who choose to swim the stream  
And some to scale the ridge,

But the wise man takes the safer way  
And journeys o'er the bridge.

***The Bridge** that separates the anaemic,  
scrofulous or eczematous  
syphilitic from health is safely crossed when*

***Prima Purificans**  
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any other remedy

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Examination of the chest demonstrated the heart and lungs to be normal. Abdominal examination was negative, except for a movable right kidney, which seemed to my hand slightly enlarged, and with its lower pole somewhat firmer than normal. It was not sensitive to pressure, and deep manipulation and sudden punching occasioned no pain. The uterus was displaced backward, prolapsed and enlarged. The cervix uteri was lacerated, and the pelvic floor was injured.

On August 26th, the patient returned, saying that the blood had all disappeared, and that the urine was of natural color. She stated that she had merely returned because requested to do so, and that her coming was a joke, as she was perfectly well. A specimen of urine was obtained by catheterization. It was clear, neutral, with a specific gravity of 1020. The microscope showed red blood corpuscles, many leucocytes, but no casts, and but little epithelium. The urine was then secured from each kidney by the use of Harris' Segregator, which I take the liberty of showing you, since there may be at least some members of the Academy who are not familiar with the instrument and its uses.

The urine collected from the right side of the bladder contained blood and leucocytes but no casts, and but little epithelium. That gotten from the left side was free from these microscopical findings.

On September 12th, the patient was again seen. For five days she has had bloody urine, which contained some clots as large as a small pea. There have been a few sharp fleeting pains in the right side, in the region of the kidney. The urine passed after these attacks of pain contained the clots. Under a magnifying glass they were seen to be made up of blood strings coiled upon themselves. There was no tenderness over the kidney.

On September 17th the patient was seen in consultation with Drs. W. G. Ewing and E. G. Wood. She had gone past her usual menstrual time with some signs of pregnancy. The bladder was examined with the cystoscope, and the mucous membrane found healthy. The urine, gotten with catheter, was faintly alkaline, specific gravity 1025, no sugar, a trace of albumen; showed red blood cells and leucocytes in abundance. The right kidney was easily palpated and was not tender.

Dr. Ewing gave the following further history of the case: He saw the patient in August, 1901, when she had an attack of pain in the right side, which lasted an hour or two, and which he diagnosticated as renal colic. Again in February, 1902, while pregnant six months, she had an attack of pain in abdomen with greatest intensity in right side. This continued forty-eight hours, at the end of which time she miscarried. All pains ceased rather suddenly. The severe pain was diagnosticated as being due to renal calculus. With this added light we made a diagnosis of stone in the kidney, and advised operation for its removal.

On September 23rd the operation was performed at the patient's home, Dr. W. G. Ewing assisting, chloroform being the anesthetic. The patient was placed upon her left side, and the kidney exposed by an incision extending from the lower border of the left rib obliquely to a point about an inch above and to the inner side of the anterior superior spine of the ilium. The parietal peritoneum was pushed to one side and not opened. The kidney fat was matted to the kidney capsule as the result of chronic perinephritis and was stripped away with some difficulty. The kidney was then drawn up out of the wound. It was found to be enlarged considerably, and palpation revealed a stone encroaching upon the posterior wall of the hilum and more or less filling the kidney pelvis. An incision through the posterior wall of the hilum close to the kidney substance permitted the removal of one large stone, weighing 162 grains, and seven smaller ones weighing altogether four grains. The bleeding was very free, coming principally from small vessels in the parenchyma of the organ. A catgut ligature passed underneath them through the substance of the kidney when tied, controlled it. After removing all the stones and exploring the pelvis with the finger, the opening in the hilum was closed with catgut sutures. The kidney was then returned to its bed, a drainage tube passed behind it, and the parietal incision closed about the tube by through and through sutures. There has been no leakage, and the recovery has been uneventful.

This case is of interest because illustrating how large a stone may exist in the kidney and produce neither pain nor tenderness; because it proves the effect menstruation has in causing

congestion of the kidney, shown in this case by periodic hemorrhage; because it demonstrates the benefits of surgical procedures even when there is a paucity of symptoms; and because it further tends to show how safely such work can be done when undertaken aseptically.

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### CHLOROFORM A REMEDY FOR TAPEWORM.

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BY JAMES M. CLOPTON, M.D., HUNTSVILLE, ALA.

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In answer to your correspondent some time ago, who wished to know if chloroform had been used in expelling the tapeworm prior to his doing so, I can inform him that such had been done. Eighteen years or more ago, when living in the city of St. Louis, Mo., I was a victim to one of those most objectionable parasites. I had used nearly all of the remedies usually prescribed for treatment; had consulted many of the most eminent physicians of the country; had access to a large "up-to-date" medical library; to Ziemsen's Encyclopedia with other sources of information and had abandoned all hope of relief. The good chemist, Dr. Habecht, had prepared a decoction of fresh pomegranate root for me, after which he stated that mine was the only authenticated case of failure after thirty years' experience in preparing it for physicians both in Europe and America. I had been under various treatments for several years and passed during that period several hundred feet of the worm. Being quite ill from persistent effort to get relief, was confined to my room. Having an early summons to visit a patient suffering with pulmonary trouble, I telephoned for the specialist, Dr. William Porter, requesting him to visit the patient for me. After doing so he called to see me, asking what ailed me. Telling him, he laughingly remarked, why don't you get rid of it, and to my great pleasure and surprise, said that it was an easy thing to do. My answer was, Dr. Porter, if you will give me a remedy and relief from this horrible thralldom "I'll blow your trumpet loud and as long as I live." He then asked, Dr., have you tried chloroform? My answer was no, and have never heard of it being used for this purpose. His prescription was Squibb's chloro-



form 3 iii, filling large size capsules with it. Take one every few minutes until well under its influence. Have your nearest medical friend with you to note effects and when sufficient has been taken to produce stupor, then take an active purgative, salts and senna. Before night came I was parted from my old enemy. And since that time I have had the pleasure to relieve several of this most obnoxious, depraved company. In my opinion, if properly given, it will never fail to so stupify the worms that "all bolts turn loose" and expulsion is made easy. Have never heard of a failure with its use.

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### PARALYSIS OF FIFTH NERVE.

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BY HAZLE PADGETT, M.D., OF COLUMBIA, TENN.

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The following case has been of interest to me from a neurological standpoint. Paralysis of some of the cranial nerves is common, but simple or uncomplicated paralysis of the fifth or tri-facial is rather rare. The history of the case is as follows:

P. M., æt. 35. Three years ago had right breast removed for supposed cancer. Has had pulmonary tuberculosis for two years. Almost bed ridden. Ten days ago had a very painful attack of facial neuralgia and several days afterwards began to complain of a dead feeling on left side of face. When I saw her about four days ago I found a complete anæsthesia of the tri-facial with paralysis of the muscles of mastication on left side; quite a disturbance of taste on same side. Otherwise patient is as she has been for many months.

---

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## *Records, Recollections and Reminiscences.*

### SOME FACTS OF THE HISTORY OF THE ORGANIZATION OF THE MEDICAL SERVICE OF THE CONFEDERATE ARMIES AND HOSPITALS.

BY. S. H. STOUT, A.M., M.D., LL.D.,  
Ex-Surgeon and Medical Director of the Hospitals of the Confederate  
Armies and Department of Tennessee.  
(Continued from November (1902) Number).

#### XIV.

[Before proceeding further with this "narrative," it is proper to advertise those readers who have not had access to previous numbers of this serial touching the history of the evolution and organization of the Hospital Department of which the writer was Medical Director, that whatever statements of facts have been or will be made in the course of this "narrative," the future historian proposing to utilize them may regard them as official. All the facts touching the medical service the writer does not pretend to know or to state. But he states what he personally knows to be true, and what he is and was officially cognizant of. Original official records, orders and correspondence in his possession will corroborate his statements.

This "narrative," intended to record the inauguration, evolution and operations of the Hospitals of the Department of Tennessee, is intended to be a permanent tribute to the living and the dead who served in that department honorably, cheerfully and with distinguished skill and untiring energy. The writer is the only living officer who can so largely attest their worth. He organized and directed the hospitals all the time of his service therein in cordial co-operation with Medical Directors A. J. Foard and E. A. Flewellen, backed by the earnest and unflagging interest of their Commander-in-Chief, Gen. Braxton Bragg. After Gen. Bragg left the Army of Tennessee there was no essential change in the details of the organization of the Hospital Department down to the final surrender of the Confederate Armies.

It is the intention of the writer to prepare from original reports in his possession a complete roster of the medical officers who served in the Hospital Department and append it to this "narrative." That appendix, he believes, will be a roll of honor of which the posterity of the officers enrolled therein will ever be proud.

The writer has never ceased to mourn the untimely death of Medical Director Foard, who proposed that he and the writer should jointly prepare a history of the medical service in the Army and Department of Tennessee, both in the field and the hospitals.

Here are extracts from a letter from Medical Director Foard to the writer, dated Columbus, Ga., September 26, 1866:

\* \* \* \* \*

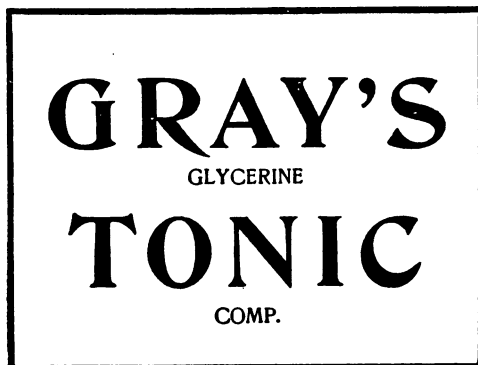
"Time will prove who are deserving of merit, and I desire that you and I prepare a sketch of our departments, with the services of each and every man who acted under our orders," the object being that the meretorious shall have their just dues.

\* \* \* \* \*

"I have my records of medical officers and every order issued during the war with most of my correspondence." \* \*

"I will cordially join you in the work proposed, if you will state wherein I can be of most service. We had better meet where we can have a free and full conference and compare the records in our possession. I lost many valuable papers with all my medical books which had been the collection of years. Do not for one moment entertain the proposition made to you in the letter enclosed to me, and which is returned with this. By passing your papers into other hands you will not receive that credit due you for your immense and valuable services during the war. For the work you did, I claim much credit for myself in the selection of the man most fitted for the position you occupied. You may not have known the extent of my power; but with my Generals with whom I served, my recommendation for an assignment was an order. I may have sometimes made a bad selection, but my intention was always to do what in my judgment was most conducive to the service in which we were enlisted. I wish you to communicate with me fully and state what, in your opinion, we can justly do with the records in our possession.

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Pv. Nuc. Vom.  $\frac{1}{4}$  gr.  
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Sulphur,  $\frac{1}{4}$  gr.

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INDIGESTION.**  
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**R** Ac. Salicylic.  
Ext. Colchicum.  
Ext. Phytolacca.  
Podophyllin.  
Quinine.  
Pv. Capsicum.

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**R** Aloin,  $\frac{1}{4}$  gr.  
Ext. Bellad.  $\frac{1}{8}$  gr.  
Strychnin. 1-6c gr.  
Ipecac, 1-16 gr.

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Whatever we do must be with a fair determination to perform our duty to all concerned with the same regard to truth and justice which always prompted you in the discharge of your duties as an officer." Write to me soon.

Yours truly,

A. J. FOARD,

To DR. S. H. STOUT.

Not long after the date of the above letter Dr. Foard removed to Baltimore, having accepted a Professorship in the Medical Department of Washington University. He and the writer continued to correspond until he was stricken with consumption, which ended his life at Charleston, S. C., a little less than a year and a half after the date of his letter from which the extracts above are made.

It is now pertinent to suggest that the medical officers who served in the field in the Army of Tennessee should see that Medical Director Foard's official papers are collected and placed in the hands of some party or parties for collection and preservation. If physically able to do the necessary work, Dr. E. A. Flewellen whose postoffice address is "The Rock" Georgia, is the appropriate person to undertake it. He was long Assistant Medical Director under Dr. Foard and at one time Medical Director of the army in the field].

Until a short time before Gen. Bragg with his army arrived at Chattanooga en route to Kentucky, there were few soldiers and officers in that then little city. After Brig. Gen. Maxey left, Brig. Gen. Ledbetter was put in command of the post. He was a distinguished military engineer and graduate of West Point. As chief medical officer of the post, the officers, nurses and the patients in hospital there, were under my command, many more members of the army then there were under my direction, than were on duty in all other departments under Gen. Ledbetter's command. Being compelled by order from the Surgeon General's office, delivered to me at Decatur by Medical Inspector Sorrel, to send all sick and wounded soldiers able to travel to Atlanta, there was a considerable period when there were very few patients in hospital. I, therefore, had ample leisure to organize the Academy Hospital strictly in accordance with the "regulations" of the army and to instruct my subordi-

nates as to their duties. When it became necessary, a second hospital called the "Newsom" was opened and organized, and in all its details the "Academy Hospital" was its exemplar.

There were not enough of army officers to form with myself a mess. My quarters were in a brick house of six rooms on Gilmer street, in the vicinity then known as Limerick, because of the many Irish families there. Just across the street were Uncle Jimmy Cotter and his good wife, known to all of us as Aunt Margaret. In my loneliness, I was indebted to my good and generous Irish neighbors for many favors and kindnesses, the recollection of which is ever cheering to my spirits whenever I indulge a reminiscent mood. What a brave and generous people are the Irish!

I labored under much embarrassment because of the difficulty of securing adequate medical and surgical assistance. I urged many officers who were passing through the place, to request orders to report to me for duty. I also urged medical men who were not in the service to make contracts with the view of seeking commissions. But they, almost without exception, declined to seek service in Chattanooga. After a while, the recruiting of Barry's Battery (the Lookout Battery it was called), afforded me much employment in examining applicants for enlistment. Then, some two new Georgia Regiments, one under the command of Col. Harris and the other under Col. McConnell, were ordered to Chattanooga into a camp of instruction. The measles soon broke out among the men of these regiments. There were a sufficient number of cases not in a condition to be sent to Atlanta to occupy all the beds in the hospital, and keep the meager corps of medical officers and myself busy.

A few days after my arrival at Chattanooga, in the old Central Hotel, kept by a highly respected old citizen named Ragdale, I was introduced to a man named Andrews who was in the employment of W. S. Whiteman, the owner of a powder mill and a paper mill at Manchester, Tenn. These mills were situated at the forks of Duck River, where there was an old stone fort out of whose walls were growing trees as large and apparently as old as any that were standing in the surrounding forrests. Andrews was engaged in conducting through the mountains wagons loaded with merchandise belonging to his employer.

When Brig. Gen. Mitchell, of the Federal army, arrived at Pulaski, Tenn., among the followers of his army was one Ashburn, who was a cotton buyer. This man Ashburn was killed in Columbus, Ga., after the surrender of the Confederate armies, at night, in a shanty occupied by negroes with whom he consorted as social equals. A number of highly respectable men who had been Confederate soldiers and officers, were charged with the crime of committing the murder, and taken to Atlanta, Ga., by order of Gen. Meade. Their trial attracted attention throughout the country. It was emphatically the *cause celebre* of the reconstruction era, the "golden age" of the carpet-baggers.

Ashburn was protected in his business and property while operating in Giles County, Tenn., and North Alabama by Gen. Mitchell. So notorious was this fact that it was the conviction of all dealing with him that he and Gen. Mitchell were partners.

The story of the bold attempt of Andrews and his associates to steal a locomotive has been often rehearsed. While a north-bound passenger train on the Atlanta & Chattanooga Railroad was standing on the track at Big Shanty, the conductor, William Fuller, the train crew and passengers being at breakfast, Andrews and his associates, with the locomotive, the tender and a box car started northward. Conductor Fuller started after them on foot amid the jeers of the crowd. Reaching a hand car he mounted it and arriving at Etowah Station, he pressed into service the Old Yonah locomotive with steam up. He pursued the engine thieves north of Dalton, until the stolen engine gave out for want of fuel, and they took to the woods where they were captured, taken to Chattanooga and imprisoned as spies.

After their trial and conviction, and awaiting the day of execution, Gen. Ledbetter sent for me and informed me he wished me to visit one of the prisoners who was sick. He also informed me that the conviction of the prisoners as spies was brought about by one of their number, who had volunteered to give his testimony before the court-martial on condition of being excepted from punishment. "You will know," said he, "that witness by the fact that he wears spectacles, is the most genteel looking man of the party. He says he is a lawyer by profession. If you recognize him from my description, don't betray the fact. For were his companions to suspect him, they might kill him in



prison. By that witness alone could it be proven that they were spies and came into our lines in disguise." His story before the court in all essentials was about this: Gen. Mitchell whose headquarters were at Huntsville, Ala., had announced that he would give \$10,000 for a locomotive delivered to him at Huntsville. Andrews hearing of this told Gen. Mitchell that if the requisite number of men would volunteer to go with him into Georgia, he would undertake to bring him a locomotive on the terms proposed. For that purpose Andrews and his associates came into the Confederate lines in disguise.

That witness sealed the fate of his companions.

I went to the prison and prescribed for the sick man. Andrews and I mutually recognized each other as former acquaintances. I was able to identify the witness described by Gen. Ledbetter. The prison in which the condemned men were confined was the city calaboose. The county jail was at Harrison, then the county seat of Hamilton County. The calaboose was an unique structure. It was built on the side of a hill and entered by a door on top, like the hatch door of a ship. The door being opened, the keeper let down a ladder on which I descended into the midst of the prisoners. The peculiar construction of the calaboose and my own feelings during my descent on the ladder, to this day impresses me with a sense of the ludicrous. No wonder that with no guard around that calaboose all the prisoners made their escape under the cover of the night. Most of them were recaptured, and finally nine of them (I think that was the number), Andrews one of them, were executed by hanging in Atlanta, Ga. What became of the informer (one of their own number), who gave testimony against them I never knew. Andrews' career as an employe of W. S. Whiteman, a Southern sympathizer, and an employe of Gen. Mitchell, the Federal officer, who wanted to transport cotton purchased by Ashburn was purely a mercenary one. He cannot, if the Confederate version of his career is correct, be properly dignified with the reputation of having played the role of an army spy, performing service for patriotic purposes. What became of the volunteer witness who, to save his own life, testified against his associates, will perhaps never be known.

After the attempt to steal a locomotive in Georgia, Gen.

Buel passed down the road from Nashville to Huntsville. While en route, he stopped at my home to enquire about the outrages committed there. After learning the facts he informed my wife that he was on his way to Huntsville with the intention of relieving Gen. Mitchell of his command. This he did, and Brig. Gen. Mitchell "dropped out of history."

The facts above stated touching the "engine thieves" came to my knowledge while serving in an official capacity. As they have not, in many particulars, been heretofore published to the world, I have availed myself of the present opportunity to put upon record what I know about a very remarkable episode in the early history of the Confederate war, though it may appear to many readers to be not germane to the purpose of this "narrative."

When Gen. Negley made his reconnoissance and confronted Chattanooga, as the Confederate troops then there were not adequate to a successful defense of the place, we prepared to evacuate it. There was a lingering hope that Gen. E Kirby Smith might bring timely aid. Lieut. Watkins, of the Lookout Battery, who commanded a section of the battery stationed on the point of Cameron's Hill, overlooking the river, fired upon some Federal officers coming down the road using their field glasses. Whether true or not the rumor was wide spread in the town that Lieut. Watkins' act was unauthorized by Gen. Ledbetter. The Federals bombarded the town, without more injury than wrecking a wheel of a caisson of the battery, an occasional shell striking an unoccupied or a dilapidated building. There was only one casualty on the Confederate side. A soldier belonging to Morgan's command while in a breastwork on the river bank, under the brow of Cameron's Hill, was shot in the mouth by a Federal marksman. The wounded man made a rapid recovery.

Night coming on the firing ceased on both sides. Gen. Smith arrived from Knoxville with a few troops, and we expected a fight to open next morning. Trains were run all night long, presumably bring troops from Knoxville. Most of the cars were empty. Thus Gen. Negley was deceived. When the Confederate scouts were sent across the river to find Gen. Negley's command, behold, it was not to be found, but was reported to have

started in the night on a rapid march in the direction of Nashville. We captured one Federal soldier.

Up to a few weeks before the arrival of Gen. Bragg at Chattanooga, I had had ample leisure to study my duties, and to organize the two little hospitals at the post.

My mess mates were all civilians. Col. H. L. Claiborne who derived his rank from the fact that he was Colonel of the militia regiment including Nashville, was the manager and leading man of the mess. He was chief bookkeeper of the Bank of Tennessee, which with its assets, officers and employes, had been removed from Nashville to Chattanooga. Having ample time he was appointed Provost Marshal by Gen. Ledbetter. We had many visitors and mess mates, many of them prominent in official circles in Tennessee, Kentucky and in the Confederate army.

Mr. Frank Dunnington was one of our mess mates. He had been editor of the leading Democratic newspaper in Nashville. Frank M. Paul who inaugurated the Chattanooga Rebel, a paper that had a wide circulation until the end of the war, was frequently at our mess, in consultation with Dunnington before he began issuing his paper.

Upon the whole, I had a pleasant time socially, though all the time much dissatisfied with my anomalous official position.

In the next number of this serial "narrative," it will appear how and why it happened that I finally became Superintendent, first, and afterwards Medical Director of the General Hospitals of the Army and Department of Tennessee.

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## MANUAL OF MILITARY SURGERY FOR THE ARMY OF THE CONFEDERATE STATES.

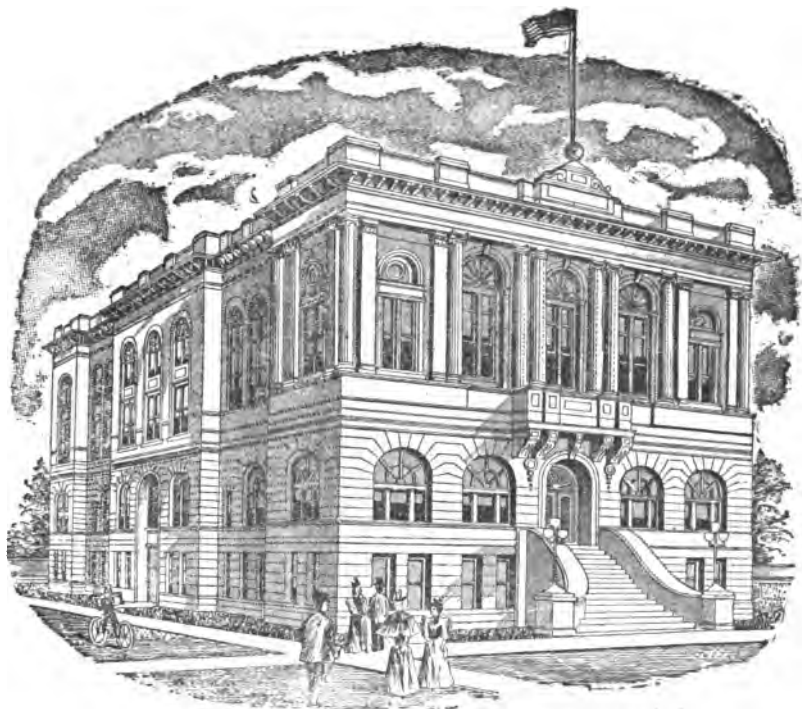
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BY J. C. ABERNATHY, M.D., OF BIRMINGHAM, ALA.

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### *Gentlemen of the Association of Confederate Surgeons :*

Nearly forty years ago we took leave of each other from the various battle-fields and hospitals of the South. To-day after a lapse of so many years, we are permitted to meet each other with our locks whitened, and limbs tottering from age, to talk of the scenes and incidents, death and carnage of bloody battle-fields.



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Atlanta, Ga.

GEO. E. LEE, G. P. and T. A.,  
Little Rock, Ark.



A Doctor's Duty—To see that his prescription is filled as written!

How sad, and yet, in some respects pleasant to let our minds wander back to those days of death and destruction. Pleasant from the association and friendship of medical men. Pleasant from the thought that our names will go down on the brightest pages of history as heroes of a cause for which we were willing to sacrifice our lives and our all. No truer or nobler character ever existed in the world than the Confederate surgeon. It was for him to say whether a soldier could or could not go into battle. It was for him to bring ease, comfort and life to the torn and mangled soldier. It was for him to protect the sick soldier from duties he could not perform, to stand between him and a stern command of his commanding officer. This and other facts connected with that bloody period bring us pleasant memories never to be forgotten.

As a pleasant memento of that period I am glad to present to you for your inspection, this little Manual of Military Surgery. No doubt at one time you all had a copy, but now it is likely you have not. In 1863 our Surgeon General appointed a committee of surgeons to get up this little work as a ready reference for field surgeons. You will well imagine upon examining it, under what straight this committee labored. The paper is inferior, the printing imperfect, the cuts are correctly done, but very rough, and several are crowded on one small page. It treats only of surgical diseases, which I regret. Two other military works were issued to our surgeons, edited by Chisholm and McLeod, which treat largely on the diseases of the camp. I have lost both of these works, which I very much regret.

I propose making a running commentary of some of the features of this little manual. Such great strides have been made in the practice of medicine and surgery since the publication of this book, that we are surprised at some of its teachings.

The first subject taught is "Shock and collapse." This is its treatment: alcoholic stimulants and opium. For the vomiting, pellets of ice, mustard plaster over the abdomen, the use of soda water.

Hypodermic medication was then not known, none of the direct heart stimulants or excitants are spoken of, such as strychnine, etc. I wish to say in this connection that the mooted question of administration of chloroform and doing a surgical

operation during shock is slightly noticed in treating this subject but rather favors its administration and doing operation during shock under certain circumstances. "When the prostration is great delay is demanded."

The next subject is, Tetanus. For its treatment we read this statement. "To enumerate the means used for the relief of Tetanus would require a volume; to record those entitled to confidence does not demand a line."

The next subject treated is Erysipelas. As to causes it says: Erysipelas is essentially a constitutional disease, a local manifestation of a poisoned condition of the blood. The exciting causes are wounds and injuries, infection and contagion. The *modus operandi* of certain of these causes cannot be doubted. They are zymotic, that is, they act like ferments on the blood, and communicate to it a disposition to undergo the same changes in composition which they are themselves undergoing. The blood so poisoned deposits in the affected parts of the body an unhealthy plasma which causes wide spread irritation and exudation. From the over-crowded condition of the soldiers, improper food, and often damp and unhealthy surroundings, this disease was always disposed to assume an epidemic form, often of malignant type. Under such circumstances all surgical operations were avoided unless imperatively required. Perfect cleanliness and healthy surroundings are insisted upon, and as to treatment it is in part as is practiced to-day.

The next subject is Pyemia. This condition is well and quite thoroughly described. No better portrayal of this peculiar and interesting condition can be found in any of our works, compressed in so small a compass. The treatment advised from our present standpoint is imperfect. Isolation, cleanliness, healthy environment, nourishing food, alcoholic stimulants, tonics, especially the tincture chloride of iron with quinine, and the local application of tincture of iron to the suppurating surfaces of the wound constitutes the sum total of treatment.

The last disease mentioned in this manual attending gunshot wounds and injuries, except that of affection, of stumps, is hospital gangrene. This description of symptoms and conditions is as perfect as it well could be in so few words. The constitutional treatment is about the same as that for erysipelas, eschar-

otics, such as nitric acid and the actual cautery are advised to be applied freely to gangrenous surfaces, and the complete isolation of every case, on account of its infectious and contagious character, and speaks of the use of disinfectants and then dismisses the subject.

From our present standpoint, looking back thirty odd years ago, we are profoundly impressed with the greater advance made in the treatment of infectious and contagious diseases referred to in this little manual. It is strange that our leading medical men connected with the army, and such as composed the committee who are the authors of this manual should be so totally ignorant of the germ theory of such diseases mentioned. Certainly if there were a fertile field for the onslaught of bacteria it was in our civil war, and among our Confederate soldiers. The lack of proper food, of clothing, of protection from rains and changes in the atmosphere, sleeping when they had the opportunity in crowds closely lying together in the winter, to keep from freezing, a blanket under them and one above them, with a log fire kindled at their feet, fatigue and hunger, with the ever presence of diarrhœa and dysentery and the depressing effects of defeat on the field of battle, such causes and such conditions would certainly invite the full play of disease germs. But this book does not in the least refer to such an idea. Bacteriology and its teachings were not known then or if known, it did not shape the course of the army surgeon in the treatment of diseases at that time. We had no laboratories on the battle-fields, or in the hospitals. The microscope was little used, and nothing was known of the individual characteristics of bacteria, and their entrance into the blood and tissues causing such deadly pathological changes, and hence nothing was known of the means to destroy them or counteract them when introduced into the system. I repeat, that it is strange that we were not, to some extent, acquainted with these facts, and their application to the treatment of these profound septicemias and toxemias we met every day on every hand, and from the fact that as long ago as 1632 animalculæ were found in water and in human diarrhœal faeces. In 1762 it was supposed by an investigator that there was a causal relation between these micro organisms, and all infectious diseases, but to 1836 little advance was made in these investigations, however,



in 1820 this idea was advanced by a student of this subject. "Many authors have written concerning the animal nature of the contagion of infections, many have indeed assumed it to be developed from animal substances and that it itself is animal, and possesses the property of life. I shall not waste time in efforts to refute these absurd hypotheses."

"It was not until between the fourth and fifth decades of the present century that by the fortunate coincidence of the number of important discoveries the true relation of the lower organisms to infectious diseases was scientifically pointed out by Pasteur, Polender and Davaine. The question of *contagium animatum* was then taken up by Henle, and it was he who first logically taught this doctrine of infection. These studies had been conducted upon wounds and infections to which they are liable. In 1866 Reinfleisch and Waldeyer found these micro organisms in pyemia, and secondary occasionally to typhoid fever. Von Recklinghausen believed these bodies seen in abscess points to be micrococci, and not tissue detritus, and gave as a reason that they were regular in size and shape, and gave specific reaction with particular staining fluids." "Baron Hirschfield was able to trace bacteria found in the blood and organs to the wound as the point of entrance, and believed both the local and constitutional condition to stand in direct ratio to the number of spherical bacteria present in the wound." Since this period, wonderful and vital discoveries have been made, and we now know that nearly all the diseases by which man is afflicted can be traced to these living germs. If we had known anything of this all important and vital truth, and with thought in perfect knowledge of antiseptics and germ destroying means, hundreds of lives could have been saved that were lost.

We knew nothing of the hypodermic syringe, and little of the microscope, or rather of its use on the battle-field, hence we had no means of making scientific investigations, or of treating these infections upon scientific principles.

The greater portion of this manual is devoted to gunshot wounds and surgical operations. The texts on the arteries and hemorrhage and ligations, amputations and resections, are good, and with the exception of the cuts illustrating these different operations, they will compare favorably with the work of the

present day. These cuts are crowded so closely together—five or six or more printed on one small page, without the anatomy of the parts being well shown, it is impossible to gather much information from them. It must be remembered in criticising this work, that it was published in 1863, when the Confederate States Government was approaching its decline, and when we were sorely pressed for means and appliances in all the departments of the army. No body of men could have written a more convenient manual than those composing this committee, and while their work may be severely criticised by the surgeons of to-day, we who know the privations and hardships of a bloody war, hailed with delight the appearance of this volume, and it was our constant companion on every battle-field and on every march.

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### *Obituary.*

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#### JOHN H. CURREY, M.D.,

After a brief illness Dr. John H. Currey died at his residence in the Fifth Civil District, six miles from Nashville, at 3:15 o'clock Tuesday afternoon, November 11. His death was sudden and unexpected, caused by apoplexy, followed by paralysis.

Dr. Currey died surrounded by a loving wife and family, and his unexpected death will bring sorrow to many friends who have felt the influence of his friendship and to those who have known his magnanimous character and open-hearted disposition.

Dr. Currey was born in the old Currey homestead, on Meridian, or Currey's Hill, in 1831. His father was Robert B. Currey, from one of the prominent pioneer families of North Carolina. His mother was Jane Gray Owen. Dr. Currey was the youngest son of the fourth Post Master and was the twentieth Post Master of Nashville, and, during his entire life, lived in or near Nashville. Entering the old University of Nashville he graduated in the class of 1848 at the age of 17. He subsequently received his medical education from the Medical Department of the University of Nashville, and the Shelby Medi-

cal College, which then stood on the present site of the Custom House.

He married May 1, 1861, Mary T. Eastman, daughter of Maj. E. G. Eastman, a prominent political writer, and who, at the time of his death, was editor of the *Union and American*.

Dr. Currey served during the civil war as surgeon of the Ninth Georgia Battalion of Artillery, and at the close of the war was on duty at Lee and Walker Hospitals at Columbus, Ga., and was a member of Cheatham Bivouac, of Nashville. He became a member of the Association of Medical Officers of the Army and Navy of the Confederacy at the Atlanta meeting, and had a sincere and earnest interest in its work. He was appointed Assistant Postmaster in June, 1877, and continued in the service until 1884 when, for political reasons, his connection with the office was severed. In 1885 he was reinstated in the his old position by Gen. Cheatham, who had succeeded to the Postmastership. In 1888 he was appointed Postmaster, serving until September, 1899, when he was succeeded by Maj. A. W. Wills.

He was tendered and accepted the position of Assistant under Maj. H. J. Cheney, in February, 1894. Dr. Currey's close and constant application to his duties is well and favorably known throughout the State.

Dr. Currey has many relatives and family connections in this city. His immediate family consists of a wife, Mrs. Mary Eastman Currey, and these children, Eastman G. Currey, L. K. Currey, Richard O. Currey, M. Duncan Currey and John H. Currey, Jr., Mrs. Lytton Taylor, Mrs. John A. Hitchcock and Lucy Currey.

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## Editorial.

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### CLOSE OF VOLUME XXIV.

In concluding our editorial efforts for the year, a sincere acknowledgement is due to the many patrons of this journal throughout the goodly land. So many kindly expressions in connection with renewals of subscription and other correspondence connected with our work, and the liberal patronage demand our most sincere acknowledgements.

While we have claimed a success in past years that was more than gratifying, the year now closing has far exceeded them all. Our first volume, the first number of which we were preparing for the printer just twenty-four years ago, consisted of 416 pages of reading matter, while the one now closing will reach over 700 pages, which is respectfully stated as showing in some way that we have endeavored to show in our work, a proper application of the success that has attended our efforts. Again thanking kindly and most sincerely our many friends, we constantly hope to do still better than in the past. While it takes more time to fill the 60 pages of reading matter each month of the past year than the 32 pages of our first efforts in the line of medical journalism, double the amount of paper, and better paper, double the amount of type setting, all expenses being largely increased, yet it has afforded us a most unalloyed pleasure. We have felt from the assurances of our friends that we were giving them their "money's worth," an important consideration that we shall never lose sight of so long as permitted to wear the editorial harness.

Our subscribers during the past year have left but little indeed to be desired in the way of renewals of their subscription, and if this substantial appreciation on their part is continued during the coming year, we hope to make *THE SOUTHERN PRACTITIONER* still more worthy the appreciation of all. So now, in closing volume 24, we can go forward with the preparation of its successor, beginning our 25th year of editorial labors, a little older perhaps, but with that enthusiasm, encouragement and zealous effort, which we most sincerely hope will demonstrate our appreciation of the confidence and support given in the past.

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#### COUNTY MEDICAL SOCIETIES.

The Committee on County Medical Societies of the Tennessee State Medical Association have been doing satisfactory work in organizing and reorganizing County Medical Societies under the new Constitution and By-Laws adopted by the State Association at its last meeting.

The following County Societies are now in active working order, and will be represented at the next meeting of the State Medical Association:

Carroll County at Huntingdon.

Henderson County at Lexington.

Hickman County at Centreville.

Henry County at Paris.

Loudon County at Loudon.

Warren County at McMinnville.

Washington County at Johnson City.

Weakley County at Dresden.

Williamson County at Franklin.

Maury and Sumner Counties will hold meetings in a few days, and other counties throughout the State have the matter in hand; so that by the time of the next annual meeting of the State Association, we have

every reason to believe that nearly all of the counties in the State will have a regular medical organization in full accord and affiliation with both State and National Associations.

The following gentlemen compose the committee on County Medical Societies of the State Association:

Dr. G. C. Savage, Nashville.

Dr. J. B. Murfree, Jr., Murfreesboro.

Dr. C. Holtzclaw, Chattanooga.

Dr. M. Goltman, Memphis.

Dr. C. J. Broyles, Johnson City.

Any members of the regular medical profession residing in counties in which no county medical society exists, and feeling an interest in this matter, as all should, are respectfully requested to correspond with any member of the committee, and full particulars, suggestions and advice will be most cheerfully furnished.

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#### AWARD OF PRIZES.

The two prizes of a thousand dollars and five hundred dollars which was offered last January by the Maltine Company, for the best essays on "Preventive Medicine" have been awarded by the Judges, Dr. Lewis, of New York; Dr. Reed, of Cincinnati and Dr. Rhodes, of Chicago, who met for a final consultation in Buffalo. A copy of their letter of award is appended.

Two hundred and nine essays were submitted in competition, and although nearly every State in the Union was represented in the contest, both prizes were won by Philadelphia men.

The thousand dollar prize was awarded to Dr. W. Wayne Babcock, 3302 North Broad Street, Philadelphia. His essay is entitled "The General Principles of Preventive Medicine" and was submitted under the nom de plume "Alexine."

The five hundred dollar prize was awarded to Dr. Lewis S. Somers, 3554 North Broad Street, Philadelphia. His essay is entitled "The Medical Inspection of Schools—a Problem in Preventive Medicine" and was submitted under the nom de plume "Broad."

The two successful essays will first be published in representative medical journals, and in permanent form for gratuitous distribution to the profession at large.

Essays were received from the following States, which will undoubtedly prove of interest to our readers. It shows how the various sections of the country were represented in the competition:

Alaska, 1; Arkansas, 1; California, 6; Colorado, 4; Connecticut, 5; District of Columbia, 3; Florida, 5; Georgia, 5; Illinois, 15; Indiana, 11; Iowa, 8; Kansas, 2; Kentucky, 3; Louisiana, 2; Maine, 4; Maryland, 2; Massachusetts, 12; Michigan, 7; Minnesota, 7; Mississippi, 1; Missouri, 5; Montana, 2; Nebraska, 2; New Hampshire, 1; New Jersey, 4; New

York, 22; North Carolina, 1; Ohio, 11; Oregon, 1; Pennsylvani, 25; Rhode Island, 1; South Carolina, 2; Tennessee, 1; Texas, 2; Vermont, 1; Virginia, 1; Washington, 3; West Virginia, 2; Wisconsin, 10; Ontario, 2; New Brunswick, 1; Unidentified, 5. Total, 209.

BUFFALO, October 18, 1902.

*To the Maltine Company, New York—*

GENTLEMEN: Your committee selected to award the two prizes offered by your firm for essays on "Preventive Medicine," or some subject connected therewith, beg leave to report that the large number offered in the competition, (being two hundred and nine in all) and the general high grade of their excellence, has made the matter of selection very difficult. After critical examination and mature deliberation, however, your committee has awarded the first prize to the essay entitled "The General Principles of Preventive Medicine," signed "Alexine," and the second prize to the essay entitled "The Medical Inspection of Schools, a Problem in Preventive Medicine," signed "Broad."

In submitting this report the committee congratulates you upon the wide-spread interest which you have aroused in the very important subject of "Preventive Medicine," and it congratulates the medical profession and the public upon the great good that will follow the publication of the valuable addition to literature thus evoked by your enterprise.

Respectfully submitted,

DAVID LEWIS,  
CHARLES A. L. REED,  
JOHN EDWIN RHODES,  
Committee.

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#### DIABETES MELLITUS.

Every general practitioner of long experience has recognized, as may the veriest neophyte in the profession after reading any of the standard text-books, that Diabetes Mellitus is an exceedingly grave condition. Being due to metabolic error, so interfering with nutrition that sugar accumulates in the blood and is eliminated by the kidneys, the urinary discharge being greatly increased, is about as much as pathological investigation and most earnest research and diligent study has yet vouchsafed. Enough is known of it, however, by the experience of the past to justify in all cases, a most serious and gloomy prognosis. As for therapeutic processes, the question of diet, even to the rigid exclusion of all starchy or saccharine matter, but little satisfactory success has resulted, until the recent use of a combination of arsenic and gold, put up under the proprietary name of *Arsenauro*.

A pamphlet recently sent us by the Charles Roome Parmele Company, 45 John Street, New York City, contains some remarkable clinical reports from such well-known members of the profession as Drs. Thos. H. Stucky, of Louisville, Archibald Dixon, of Henderson, Ky.; Alexander Beck,

J. P. Sheridan, R. B. Glass and others, of New York City; Geo. D. Barney, of Brooklyn, and quite a number of others, these reports having previously appeared in some of the leading medical journals.

Dr. W. Frank Glenn, President of the Nashville Academy of Medicine, and Ex-President of the Tennessee State Medical Society, only a few months ago, at a regular meeting of the Nashville Academy of Medicine mentioned Arsenauro as having given him the most satisfactory results in quite a number of cases. He stated, however, that these results were only obtained, after gradually increasing the dose up to the point of toleration—this ranging very materially in different individuals.

While our own experience has not been very large, yet in the last seven cases of Diabetes Mellitus entrusted to our care, it has indeed been most satisfactory, and given us results that with our former experience was most remarkable. To those who have not tried this preparation, a postal card request addressed to Charles Roome Parmele Company, 45 John Street, New York, will speedily furnish some very interesting reading.

The statements made, not by the manufactures of Arsenauro, but by reputable, ethical, and well-known members of the medical profession have been fully corroborated by our own experience. The efforts made by the manufactures to introduce this preparation have been along strictly ethical lines, this with the demonstrated value justly entitle them to the fullest consideration.

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#### LORD MACAULAY SAYS: "EVERY CLINICIAN BECOMES AN HISTORIAN."

Lord Macaulay briefly epitomized history as the "Record of Events." Be it so. The pleasant task of collection and verification of data falls upon the historian, who retells in an interesting and enthusiastic manner the lives and acts of others.

In medical history as in secular the value of an epoch often rests upon the work of the individual, and the true portrayal of one incident in life lends color to complete narrative. Acts not words illustrate the advance of progress in science and literature.

The desire of one person to know precisely why another individual preferred certain methods of old-established forms necessitated history. The narrator of the events of daily life is the true historian and produces items of interest worthy of future history. The construction of records from this material constitutes the validity and worth of the article. What you do and tell to-day, if approved, your fellow-man will perform to-morrow. Therefore the discovery of aid to the burden of work-a-day life is more important than determining a new chemic element. One helps the masses; the other invites speculation from the few. History thus recites incident. Incident depicts facts, and facts destroy theories, as the following abstracts convincingly states:

"We had here a most formidable state of things to deal with. A

woman in child-bed, with every indication of Septicemia—a double pneumonia, probably of septic origin, with constant pain in hip and lumbar region, with persistent vomiting and diarrhoea, temperature 105 degrees. A large tympanitic abdomen, small wiry pulse, cyanosis with finger nails quite purple. Dr. Tibbetts several times informed me that I could look for a fatal termination, so extreme was the case. \* \* \* \* the best thing to do was to curet, which was done, and followed by hot bichloride douches. \* \* \* no abatement in temperature. Morphine had to be given hypodermically to comfort patient, besides strychnine, cactus, brandy and digitalis to support the heart's action. Just here I must say that I administered anti-streptococcic serum with very gratifying results. We also used injections of salt solution. I believe the benefit from these injections was more lasting than from those of serum. Antiphlogistine was applied over hip, lumbar nerves and sciatic nerve. This agent (Antiphlogistine) was our mainstay in the treatment of both lungs besides. The abdomen became as large as before confinement, hard and resonant on palpation. Antiphlogistine was therefore spread all over the abdomen. I know of no preparation that has been brought to the attention of the profession of late years deserving of higher praise in all inflammatory conditions, no matter in what locality such may be seated. Poultices have been abandoned by the writer since the adoption of its use.

“Puerperal Septicemia Complicated by Septic Double

“Pneumonia. Abscess of Thigh.—Recovery.

“C. C. PARTRIDGE, M.D.,

“in *American Surgery and Gynecology*,

“October, 1902.”

Had it not been for Antiphlogistine, what would have been the result of the case? Again had it not been for Antiphlogistine, what pleasure would the attending physician have taken in making a public record of his case?

The inference is marked. Here is a patient *in extremis* with the entire 900 official remedies of the Pharmacopœia at the disposal of consultant and attendant. Every surgical and medical accessory available, and yet one pharmaceutic preparation proves adequate to the emergency. Demonstrating beyond criticism that Antiphlogistine should be applied in every process of inflammation. That Antiphlogistine relieves blood pressure tension by induction of osmosis and dialysis.

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FOR NERVOUSNESS and Convulsions in Children I have tried Neurilla personally with entire satisfaction. I have also given it in my practice with good benefit to my patients. Recently I gave it to a child who had a very high fever and Nervousness bordering on Convulsions. A few doses soon quieted the little sufferer. I think it is a fine preparation.

J. F. RIKARD, M.D., of Teckville, Miss.



**EXCESSIVE PROTEID DIET.**—It doesn't require much of an argument to show that good material must go into the twenty-story building if it is to be solid and secure.

Yet a great many people seem to think that it matters little what kind of material goes into the building of the human structure!

They offer the body thistles and ask it to give back figs.

They feed on thorns and expect to pick roses.

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," The Antikamnia Chemical Company offers Laxative Antikamnia and Quinine Tablets, the laxative dose of which is one or two tablets, every two or three hours, as indicated. When a cathartic is desired, administer the Laxative Antikamnia and Quinine Tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

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MANY of the genito-urinary diseases, which have heretofore depended for a cure upon the different salts of lead, zinc, copper, or silver, now yield permanently and promptly to PINUS CANADENSIS. In all inflammatory processes in fact, whatever may be the stage of malady, this remedy acts successfully. Through its astringent properties it lessens the caliber of the arterioles, minute vessels and ducts, favorably influencing their secretions, and rapidly bringing about resolution. Even in rheumatism and in various other conditions requiring an external stimulating application, it is a very superior therapeutic agent, and internally it is an efficient remedy in pyrosis, acid stomach, colic, diarrhea, and dysentery.

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WAYNE'S DIURETIC ELIXIR is one of the best and safest in the treatment of urinary calculus, gout, rheumatism, Bright's Disease, diabetes, cystitis, hæmaturia, albuminuria and vesical irritations generally. Dr. Charles Kelly Gardner, of West Virginia, in a recent letter, writes: I anticipate as positive results when administering it as I do from opium for pain or quinine for intermittents. It has been in constant use by the best physicians for twenty-two years. Try it, Doctor. Allow no substitution.

# REMOVAL NOTICE.

## EVE'S SURGICAL INFIRMARY

was moved to

1411 Broad St., opposite Stonewall St.,

On November 1st., 1902.



**FEED YOUR PATIENTS**

**They need a highly nutritious, easily assimilated food.**

# TROPHONINE

contains besides the nutritive elements of beef, gluten of beef, gluten of wheat and nucleo-albumins, the enzymes of the digestive glands.

As it does not irritate the stomach and leaves no residue to enter the intestinal tract, it is indicated in all those conditions where artificial feeding is necessary and is especially useful in Typhoid Fever, Vomiting of Pregnancy and diseases of the Digestive System.

**SAMPLES AND LITERATURE ON REQUEST.**

Send for illustrated booklet and fee-table of our **PATHOLOGICAL, CHEMICAL AND BACTERIOLOGICAL LABORATORIES.**

**REED & CARNICK, 42-46 Germania Ave., Jersey City, N. J.**

## AN INFANT'S FOOD

AS a basis for preparing a substitute for human milk, it is agreed by authorities that Fresh Cow's Milk must be used.

Fresh milk contains the antiscorbutic element.

Sterilized, condensed, dried or desiccated milk does not contain it.

The addition of

## MELLIN'S FOOD

to fresh milk is simply for modification.

Fresh milk so modified still contains the antiscorbutic element and is easily and readily assimilated by an infant.

The subject of the

### *Home Modification of Fresh Cow's Milk*

is concisely and interestingly treated in our illustrated book, cloth bound, which we should be pleased to send you free.

MELLIN'S FOOD COMPANY, BOSTON, MASSACHUSETTS

## Surgical Phlebotomy

Shocks the patient. Depletes the lung by the reduction of vital tissue. Every red blood-corpuscle is an oxygen carrier. Pneumonia patients bear loss of blood badly. Bleeding necessitates administration of free oxygen.

### Physiological Phlebotomy Is Rational Therapeutics Bleeds But Saves The Blood

Antiphlogistine is the only known and approved medium for Physiological Phlebotomy. Relieves the congested lung through the physical process of osmosis. Aids resolution by abstraction of Liquor Sanguinis. Maintains circulation by saving vital tissue.

## ANTIPHLOGISTINE

Is immediate, effective and permanent in its action. Pleuritic adhesions do not occur and Cardiac complications are prevented in those cases where

## ANTIPHLOGISTINE

Is applied in the initial stage of Pneumonia, Pleurisy, or Pulmonary Congestion.

The Denver Chemical Mfg. Co.,

Branch Office: London, Eng.

NEW YORK.

**NEOFERRUM.**—A palatable and rational specific for the treatment of anæmia, chlorosis, blood impoverishment arising from whatever cause, malaria, etc., is a neutral, organic, assimilable, non-constipating form of iron, combined with Maltine (attenuated with high-grade sherry), and a minute amount of absolutely pure Arsenious Acid.

This preparation is to be preferred to mere solutions and other forms of iron, because it contains sufficient Maltine to exercise a distinct digestive action on starches, and embodies easily assimilated nutriment instead of valueless and perhaps irritating and otherwise contra-indicated material.

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**SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.**—The following officers were nominated and elected for the ensuing year: President, Dr. J. Wesley Bovee, Washington, D. C.; Vice-Presidents, Drs. Bacon Saunders, Fort Worth, Tex., and Christopher Tompkins, Richmond, Va.; Secretary, Dr. W. D. Haggard, Jr., Nashville, Tenn.; Treasurer, Dr. Floyd W. McRae, Atlanta, Ga. The next place of meeting will be Birmingham, Ala.; the time: the week preceding Christmas, 1903; the Chairman of the Committee of Arrangements: Dr. John D. S. Davis, Birmingham.

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**THE NEW ORLEANS POLYCLINIC** opened for its sixteenth annual session on November 3, 1902. Up to date, the class is large and the prospects are brilliant for a very successful term. Our great Southern metropolis offers especial advantage for this kind of work. To our friend in colder sections who desire a few weeks respite from icy blasts, and who wish to combine profit with pleasure it can be commended; and for those in the South and Southwest its advantages are clearly apparent.

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**WHERE THERE** is impaired digestion, alimentary derangement, defective nutrition and an anaemic condition of the system from any causes whatever, I have found Trophonine as a delicate, non-irritating nutritive, reconstructive, health-building tonic, the remedy par excellence.

S. S. NIVISON, M.D., Dryden Springs San.

Dryden, N. Y., Aug. 25, 1902.

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**FAT IN BONE MARROW.**—The abundance of fat found in healthy bone marrow and the scarcity of fat in the *bone marrow of anaemic patients* suggests a reason *why cod liver oil is so often efficient as a remedy for anæmia*. Scott's Emulsion, the reliable preparation of the whole cod liver oil, is often of great use in relieving anæmic conditions, especially the chlorosis of young women.

THE attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears in this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

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BROMIDIA has been in regular use by many of our leading practitioners for nearly a fourth of a century, and is a rest-maker for restlessness. It gives consistent nerve rest. It does not lessen the supply of blood to any organ of the economy, as the bromides are sure to do. It is a hypnotic.

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PONCA COMPOUND Uterine-Alterative exercises a tonic influence on the pelvic organs. An alterative action on the uterine tissues. It relieves congestion, encourages peristalsis, removes spasmodic conditions, and regulates the vesicular supply.

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SANDER & Sons' Eucalyptol (pure Volatile Eucalypti Extract.)—Apply to Dr. Sander, 88 Lincoln Ave., Chicago, Ill., for gratis supplied sample and literature of Sander's Eucalyptol. It is invaluable in inflammations of the mucous membranes and in all septic and infectious diseases. Meyer Bros. Drug Company, St. Louis, Mo., sole agents.

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## *Reviews and Book Notices.*

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MEDICAL NEWS VISITING LIST FOR 1903. LEA BROTHERS & Co., Philadelphia, Publishers.

This excellent annual publication comes to us with none of its former valuable details omitted. It contains 32 pages of data likely to be needed by every practitioner, and blanks for recording all details of practice, both clinical and financial. It is issued in four styles, weekly, dated for 30 patients; monthly, undated, for 120 patients per month; perpetual, for 30 patients weekly, and 60 patients, undated, and without the preliminary data, for those requiring specially large record books. The paper, printing, etc., are of the best quality.

**MEDICAL RECORD VISITING LIST FOR 1903. WILLIAM WOOD & Co., Publishers, New York.**

This Visiting List has always given the most complete satisfaction to all who have tried it.

A complete revision of the reading matter in the front part of the List has been made this year. The table of average doses has been carefully revised and brought up-to-date, all the newer drugs of importance being included. A novelty now introduced for the first time into a Visiting List is the Obstetrical Chart. This will be found useful for making quick estimates of the probable duration of pregnancy. In all respects the high standard of manufacture, as to paper, printing and binding, that has always distinguished the Medical Record Visiting List has been fully maintained.

**A HAND-BOOK OF MATERIA MEDICA, Pharmacy and Therapeutics, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription Writing. By SAM'L O. L. POTTER, A.M., M.D., M.R.C.P., London, formerly Professor of Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Major and Surgeon of Volunteers, U. S. A.; Author of Quiz Compendis of Anatomy and Materia Medica; An Index of Comparative Therapeutics, etc. Ninth Edition, Revised and Enlarged. Royal Octavo, pp. 951, cloth. Price, \$5.00, net. P. BLAKISTON'S SON & Co., Publishers, 1012 Walnut Street, Philadelphia, 1902.**

The text throughout this ninth edition of Prof. Potter's great and most valuable work has been subjected to a thorough and critical revision, has been largely rewritten, and has been expanded by the introduction of much new matter; the latter taking the place of that considered obsolete or of less importance, so that the size of the work has not become at all cumbersome or unwieldy.

In this single volume we have the essentials of practical materia medica concisely yet thoroughly and comprehensively considered. Its preceding editions have met with most favorable commendation by the leading medical periodicals and at the hands of our most progressive and practical instructors and teachers. The many original ideas embodied in the work, the valuable material gathered by the author during over three years active

professional work in the tropics, the elimination appended by his experience with its preceding editions, make it most valuable and practical.

The appendix contains quite an amount of valuable matter not usually found in works of this class; and the index is thorough, complete and carefully prepared.

The modest dedication to his wife is a worthy tribute to his life-time helpmate of which she may well feel proud.

**A TEXT-BOOK OF THE SURGICAL PRINCIPLES AND SURGICAL DISEASES OF THE FACE, MOUTH AND JAWS.** For Dental Students. By H. HORACE GRANT, A.M., M.D., Professor of Surgery and Clinical Surgery, Hospital College of Medicine; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operative procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist.

The arrangement and subject matter covers the needs of the dental student without encumbering him with any details foreign to the course of instruction usually followed in dental colleges at the present time. The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman, may be called upon to perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocalness. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. For the dental student the work will be found an invaluable text-book; and, indeed, the medical beginner also, will find its perusal of more than passing benefit.

**A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY.** By GEORGE F. BUTLER, Ph. G., M.D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth Edition, Thoroughly Revised. Handsome octavo volume of 896 pages, illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$4.00 net; Sheep or Half Morocco, \$5.00 net.

The new edition of this commendable work is offered to the profession after a careful and complete revision. The pharmacology and therapeutics of each drug has been thoroughly revised, incorporating all the recent advances made in pharmacodynamics.

In view of a large experience, resulting in more definite conclusions, numerous modifications have been made in the expressions of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serum-therapy and cognate subjects have been enlarged and carefully revised.

But perhaps the most important addition is the chapter on the newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug-action. The profession will undoubtedly greet most cordially this new fourth edition of a work supplying the student of medicine with a clear, concise and practical text-book, adapted for permanent reference no less than for the requirements of the class-room.

**ESSENTIALS OF DISEASES OF THE EAR.** By E. B. GLEASON, S.B., M.D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc. Third Edition, Thoroughly Revised. 16 mo. volume of 214 pages, with 114 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$1.00 net.

The essentials of Otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been brought absolutely down to date by a thoroughly scrupulous revision; only such methods of treatment being included, however, that have personally proved efficacious in the majority of cases. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition.

The illustrations—many from original drawings—have been selected with the aims of the book constantly in view; and they form a very commendable feature of the work. Indeed, the



little volume before us will unquestionably continue to be one of the most popular of Saunders' unequalled Question-Compend Series.

**THE INTERNATIONAL TEXT-BOOK OF SURGERY.** In two volumes. By American and British Authors. Edited by J. COLLINS WARREN, M.D., LL.D., F. R. S. (HON.), Professor of Surgery, Harvard Medical School; and A. PEARCE GOULD, M. S., F. R. C. S., of London, England. Second Edition, Thoroughly Revised and Enlarged. Vol. I. General and Operative Surgery. Royal octavo of 965 pages, with 461 illustrations, and 9 full-paged colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1,122 pages, with 499 illustrations, and 8 full-paged colored lithographic plates. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net, (per vol.)

In planning this work the editors and coworkers have kept constantly in mind the needs of both student and practitioner. The result—a masterly exposition of the art and science of surgery, untrammelled by antiquated traditions. In its realization they have given to medical literature an invaluable text-book, employing a clear but succinct statement of our present knowledge of surgical pathology, symptomatology, and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chapters on Military and Naval Surgery have been very scrupulously revised and extensively re-written in the light of the knowledge gained during the recent wars. The articles on the effect upon the human body of the various kinds of bullets, and the results of surgery in the field are based on the latest reports of the surgeons in the field.

The chapter on Diseases of the Lymphatic System has been completely re-written and brought up-to-date; and of special interest is the chapter on the Spleen.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent; we know of none to surpass it. It is clear, concise, and up-to-date.

**ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND DISLOCATIONS.** By PROF. DR. H. HELFERICH, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited with additions by JOSEPH C. BLOODGOOD, M.D., Associate in Surgery, Johns Hopkins University, Baltimore. From the Fifth Revised and Enlarged German Edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$3.00 net.

This worthy addition to Saunders' Series of Hand-Atlases will be found of inestimable value in facilitating the student's introduction to the important department of fractures and dislocations, and as a ready reference book for the use of physicians in general practice. This department of medicine being one in which, from lack of practical knowledge, much harm can be done, and which in recent years great importance has obtained, a book, accurately portraying the anatomic relations of the fractured parts, together with the diagnosis and treatment of the condition, becomes an absolute necessity. The work before us fully meets all requirements. As complete a review as possible of each case has been presented, thus equipping the physician for the manifold appearances that he will meet with in practice.

The author has brought together in this work a collection of illustrations unrivalled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the x-ray shadow, the anatomic preparation and the method of treatment.

**THE TREATMENT OF FRACTURES.** By CHARLES L. SCUDDER, M.D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Third Edition, Revised and Enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Polished Buckram, \$4.50 net; Half Morocco, \$5.50 net.

This book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with fractures. Methods of treatment are described in minute detail, and the reader is not only told, but is shown, how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 645 of them, all from new and original drawings and reproduced in the highest style of art.

In this edition several new features have been described, and an excellent chapter on Gunshot Fractures of the long bones has been added. The reports of surgeons in the field during the recent wars have been carefully digested, and the important facts regarding fractures produced by the small calibre bullet have here been concisely presented. In many instances photographs have been substituted for drawings, and the uses of plaster-of-Paris as a splint material have been more fully illustrated. In its new form, the work fully maintains the deserved reputation already won.

**ESSENTIALS OF HISTOLOGY.** By LOUIS LEROY, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second Edition, Thoroughly Revised and Greatly Enlarged. 16 mo volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1902. Cloth, \$1.00 net.

In this edition a number of new original illustrations, most photomicrographs, have been inserted to better elucidate the text. The chapter on Technic has been enlarged, a description of the appendix and rectal valves added, and the entire chapter, as, indeed, the entire book, thoroughly and carefully revised. As did the first edition, the work in its present form stands as a model of what a student's aid should be; and we unhesitatingly say that the practitioner as well would find a glance through the book of lasting benefit.

**PHYSICIAN'S VISITING LIST** (Lindsay and Blakiston's) for 1903. Fifty-second year of its Publication. Seven different styles; ranging in price from \$1.00 to \$2.25. P. BLAKISTON'S SON & Co., Publishers. Sold by all Booksellers and Druggists.

The "old veteran" is one of the first to put in its appearance this year, as has been its wont for so many years.

With this edition The Physician's Visiting List enters upon the fifty-second successive year of its publication. This is a record which tells its own story.

In addition to the numerous other valuable features for which this little work is noted, we wish to call attention this year to two new features, namely, the pages on Incompatibility, chemic, pharmaceutic and therapeutic, and the page on the Immediate

**Treatment of Poisoning.** These additions will enhance considerably the value of *The Physician's Visiting List* as a pocket record book and ever handy reference guide for the medical practitioner.

Neat, compact, well arranged and durable, it has justly earned so many friends throughout the medical world that commendation is unnecessary.

**MANUAL OF GYNECOLOGY.** By HENRY T. BYFORD, M.D., Professor of Gynecology and Clinical Gynecology in the College of Physicians and Surgeons of Chicago; Professor of Gynecology in the Post-Graduate Medical School of Chicago, and in the Chicago Clinical School, etc. 8vo. cloth, pp. 598. Third Revised Edition, with 363 illustrations, many original. Price, \$3.00 net. P. BLAKISTON'S SON & Co., Publishers, 1012 Walnut Street, Philadelphia, 1902.

While this excellent work will be of great value to the practitioner, it is essentially a Manual and Text-Book of especial value to the student, prepared by one of the most practical and successful teachers of his day. Its former editions were universally well received, and established it as one of the standards.

In preparing the third edition, its able author has recast the contents of the book and added much new matter, making the volume not only concise, but at the same time as complete as possible.

Anatomy, physiology, diagnosis and treatment are considered in a most practical manner. To the busy practitioner who is not exclusively limited in his work to gynecology, it will be found as complete for his purpose as desirable, without being rendered cumbersome and excessively voluminous.

The large, clear type, the marginal notes, its wealth of illustrations, are most valuable as a reference medium for the practitioner, without diminishing its value as a student's "vade mecum."

**LEA'S SERIES OF MEDICAL EPITOMES.** A Manual of Genito-Urinary and Venereal Diseases for the use of Students and Practitioners. By LOUIS E. SCHMIDT, M.D., of the Chicago Polyclinic. In one handy 12mo volume of 250 pages, with 21 illustrations. Cloth, \$1.00 net. LEA BROTHERS & Co., Publishers, Philadelphia and New York, 1902.

Dr. Schmidt's little work, the first volume of Lea's Series of

Medical Epitomes, furnishes an excellent example of what a useful epitome should be.

He has furnished a compendious treatise written in clear, intelligible language, and covering the essentials of his important subject in its most modern development. The book treats in sufficient detail of Venereal and Genito-Urinary diseases, together with their direct and remote complications.

Dr. Schmidt has adapted the work especially to the needs of medical students, but it will be found peculiarly convenient as a ready reference work for the physician who wishes to refresh his memory or to post himself on the most recent knowledge on the subject.

For the convenience of students who desire to form quiz classes, a series of questions is appended to each chapter. Illustrations are used whenever they can serve to clarify the text.

THE POCKET REFERENCE BOOK AND VISITING LIST, Perpetual for 25 patients a week. Price, \$1.00. J. H. CHAMBERS & Co., Publishers, St. Louis, Mo., 1903.

In addition to the usual pages for the daily visits and other records essential to the doctor, we find some very practical memoranda, such as prediction of date of confinement, artificial respiration, care of galvanic battery, disinfectants, examination of urine, poisons and antidotes, doses of medicine, comparison of thermometer scales, table of equivalents, metric system, diet table for diabetes, dagnostic table of eruptive fevers, etc., making it very useful as well as convenient, handy and practical. It will readily bear comparison with any of its class, and we think will become a favorite.

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## *Selections.*

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THE CONTROL OF UTERINE HEMORRHAGE.—The *Journal of Medicine and Science* recently reported the following case:

“The woman, 42 years old, had a climacteric hemorrhage. The uterus was subinvolved and prolapsed. The right tube and ovary were enlarged when the patient first came under ob-

servation. She had been bleeding continuously for seven days. The doctor gave fluid extract of ergot in drachm doses every four hours and packed the vagina. At the end of two days there was no improvement; the fourth day atrophine was prescribed to meet the constitutional symptoms and solution of adrenalin chloride (1 to 1000) was given in 15-drop doses every four hours. In twenty-four hours he found a complete cessation of the flow. The use of adrenalin solution was continued for twenty-four hours together with hot water douches, and he had no further trouble with the case.—*Colorado. Med Journal*

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ANOTHER ATTEMPT AT SUBSTITUTION.—We are informed that preparations of liquid magnesia are being urged upon physicians and sold to the dispensing chemist under various titles. Many of these preparations are chemically unsafe, while others contain calcined magnesia, triturated or suspended by mucilaginous or glycerine solutions. Chalk and other earthly substances have also been found. The strongest claims made for their adoption is cheapness. Their administration, simply or in combination, is dangerous, certainly with infants, where concretions in the delicate intestinal tract are so readily formed.

It can hardly be deemed necessary to suggest that these products of unscrupulous manufacturers would not have appeared, were it not for the esteem in which Milk of Magnesia (Phillips),\* has been held for so many years. Physicians should not be misled in this matter. In this instance at least, "the best is the cheapest," and the "best" preparation of magnesia is Milk of Magnesia (Phillips).—*Massachusetts Medical Journal*.

---

BORAX IN OBESITY.—From the fact that borax exercises in animals and man an inhibitory action upon the processes of nutrition M. C. Gerhardt conceived the idea of employing this salt in the treatment of obesity. He found that in the dose of 1.50 grammes (nearly 24 grains) a day taken in three doses borax is well supported and reduces excessive corpulence. In smaller quantities it produces no appreciable effect in diminishing fat.—*Le Bulletin Medical*.

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\*The Charles H. Phillips Chemical Company, New York.

**METHYLENE BLUE IN NEURALGIA.**—Dr. A. De Voe, of Seattle, (Wash.), in *The Medical World*, in a note on the treatment of neuralgia, has this to say: "Don't wait to try strychnine or aconitine to their full physiological limit, and don't operate for neuralgia, since all of these measures will prove needless barbarities after a small hypodermic dose of methylene blue. One-fourth, one-eighth, or even one-tenth of a grain of Merck's medicinal methylene blue, in watery solution, hypodermically near the seat of pain or near the spinal source of the affected nerve, is generally sufficient. Using these small doses two points of injection may sometimes be advisable at the same sitting. So administered, for local effect chiefly, the drug having a special attraction for nerve tissue, there can be little if any risk of abortificacient action. I have so used it to cure neuralgias in pregnant women, and always without harmful results of any kind. The local smarting is but brief. Methlene blue is worthy a place in the hypodermic case of every physician who desires to treat with bess success tic douloureux and other neuralgias, especially those showing a daily recurrence."—*Merck's*.

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**TREATMENT OF COAL-GAS POISONING.**—We wish to call the attention of our readers to a little remedy in coal-gas asphyxia that has proved very efficient, but with which, we fear, not many are familiar. We refer to the administration of hydrogen peroxide per rectum and per os. Per rectum is given in full strength; per os it is diluted with an equal volume of water. A piece of ice inserted into the rectum is a great adjuvant, as it has quite a remarkable effect in restoring consciousness. The dose per rectum is about two ounces; per mouth about one ounce; and it may be frequently repeated. The usefulness of the treatment depends upon the absorption of oxygen from the hydrogen peroxide into the blood-current.—*Merck's Archives*.

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First Pedestrian: "Out walking for your health?"

Second Pedestrian: "Yes, I'm going for the doctor."—*The Med. Standard*.

THE  
SOUTHERN PRACTITIONER

AN INDEPENDENT MONTHLY JOURNAL

DEVOTED TO MEDICINE AND SURGERY

NASHVILLE, TENN.

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EDITOR AND PROPRIETOR:

DEERING J. ROBERTS, M D.,

LATE PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE IN THE  
MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE.

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VOL. XXIV.

JANUARY 1 TO DECEMBER 31, 1902.

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NASHVILLE, TENN.:

JNO. RUNDLE & SONS, PRINTERS AND BINDERS,  
1902.





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Spts. vini gallici.....fl. ʒ ii.

M. Sig.—A tablespoonful three times daily.

When indicated, this is alternated with the following:

R Syrup scillæ co.....ʒ iii.  
Vini ipecac.....ʒ ise.  
Morph. sulph.....gr. ss.  
Aquæ.....ʒ iss.  
Syrupi q. s. ad.....ʒ iv.

M. Sig.—A tablespoonful three times daily.

Where the dyspnœa becomes severe, with signs of increasing  
exhaustion, feeble heart action, etc., the amount of stimulants  
is increased to ʒ xii daily, and in addition:

R Infus. digitalis.....ʒ ii.

Sig.—Dose, every three hours.

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Syr. toluani.....ʒ iij.  
Infus senegæ.....ʒ viij.  
Mis. Ft. mistura et sig. two tablespoonfuls every four  
hours.—*Dr. Farquarson.*

---

DIURETIC PILL IN PLEURISY.—

R Pulv. scillæ.....  
Pulv. digitalis.....  
Massa hydrarg.....aa gr. j.  
M. Ft. pil.—*W. H. Draper.*

---

ACUTE CATARRHAL BRONCHITIS.—

R Ammon. chlorid .....ʒ iij.  
Potass. chlorat .....ʒ j.  
Aq. Cinnam .....ʒ iij.  
Syr. senegæ.....ʒ ss.  
Spts. ether nit.....ʒ ss.  
Ext. glycyrrh.....ʒ iss.

M. Sig.—Tablespoonful every two hours.

—*J. R. Leaming.*

---

EMPHYSEMA.—

R Potass. iodidi.....ʒ iij.  
Ammon. carbon.....grs. 50.  
Syr. pruni virg.....  
Spts. ether. co.....aa ʒ iss.

M. Dose, a teaspoonful.—*A. Flint.*

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 Tr. opii camph .....  
 Spts. etheris nit.....aa ʒ ss.  
 Liq. ammon. acet ..... ʒ v.

M. Sig.—A tablespoonful every three hours.

—*J. H. Ripley.*

## BRONCHITIS.—

- R Potass. iodidl.....ʒ iiʒ.  
 Tr. tolutan.....ʒ j.  
 Ext. pruni virg. fl .....ʒ j.  
 Syrupi .....ʒ j.  
 Spts. ether. co.....ʒ ij.  
 Aquæ.....ʒ j.

M. Dose, a tablespoonful.—*E. G. Janeway.*

## IN ULCERATION OF THE LARYNX.—

- R Glycerini acidi carbolici .....  
 Succ. conii .....aa ʒ j.

Misce. A teaspoonful to be put into pint of water at the temperature of 170°, and the steam inhaled for fifteen minutes twice or thrice a day.—*Dr. Dobell.*

## IN HOARSENESS FROM WEAKNESS OF LARYNX.—

- R Acidi benzoici.....gr. ss.  
 Pastæ ribis rubri (red currant paste).....gr. x.

M. fiat trochiscus. One every hour or two.

—*Dr. M. Mackenzie.*

## DYSPNŒA OF VALVULAR DISEASE.—

- R Liq. Morph. U. S. P.....  
 Spts. ether. co.....aa ʒ i.

M. Dose, a teaspoonful.—*A. Flint.*

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 Tinct. cimicifug. rac..... ʒ ii.  
 Tinct. stramon..... ʒ ss.  
 Tinct. opii camph . ..... ʒ iss.

M. Dose, a teaspoonful three times daily.

—*Dr. W. H. Draper.*

## IN HÆMOPTYSIS.—

- R Acidi tannici..... ʒ ss.  
 Conf. rosæ, q. s.....  
 Fiant pilulæ, xvijj. Take one every four hours.

—*Cottureau.*

## IN ULCERATED THROAT, CANCRUM ORIS, ETC.—

- R Cupri sulphatus..... gr. v.  
 Oxymellis..... ʒ ss.

Misce. Apply it with a camel-hair pencil.

—*Mr. Brando.*

## IN CONSUMPTIVE COUGH.—

- R Mucil. acaciæ..... f ʒ j.  
 Aquæ destil..... f ʒ viiss.  
 Syr. tolutani..... f ʒ ss.  
 Acidi hydrocy. dil..... m xij.

Misce. A tablespoonful every three hours.

—*Mr. S. G. Morton.*

## IN ADVANCED HEART DISEASE.—

- R Gambogiæ..... gr. j.  
 Pulv. jalapæ co..... ʒ ij.  
 Fiat pulvis.

—*Dr. J. M. Fothergill.*

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**AN INDEPENDENT MONTHLY JOURNAL**

**DEVOTED TO MEDICINE AND SURGERY,  
NASHVILLE, TENN.**

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**ESTABLISHED 1870.**

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